

## Rockport Board of Health 34 Broadway

Rockport, MA 01966
Phone: 978-546-3701 / Fax: 978-546-5013

## APPLICATION FOR WELL AND PUMP PERMIT

Application is hereby made for a perm major renovation ( ) or major repair (	` '	. , ,	Application is also made to install ( )
Location Address:		Map:	Lot:
Owner:	Address: _		
WELL CONTRACTOR Company Name:			
Address:		Phone:	Fax:
Licensee Name:		MA Lic #:	
Type of Well:		_ Well Used For:	Irrigation or Drinking
Diameter of Well:		_ Size of Casing:	
Depth of Bed Rock:		_ Depth of Casing into	Bed Rock
Was Seal Tested? Yes ( ) No ( )		Date of Testing	
Depth of Well:		Well Ended in What	Material:
Depth of Water:		_ Delivers:	Gallons/per/minute
Drawdown:feet after pumpir	nghou	rs atGPM	
Sketch map of well location with tie dov	wn lines on reve	erse side of this form	n.
Date of Completion:		-	
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PUMP INSTALLER Company Name:			
Address:			
Licensee Name:			
Size and Name of Pump:			
Water Pump Delivers:			
Pipe Material Used in Well: Cast Iron Well Pit ( ) or Pitless Adapter ( )	( ) Galvanize	ed ( ) Plastic ( )	If Plastic, test strength
Was sleeve used to protect pipe? Yes (	) No ( )	Type or Name of W	ell Seal
Date: P	oump Installer's S	Signature:	
FOR OFFICE USE ONLY			
Proposed location approved: Health Agen	t		Date
Permit No Da	ate	Fee (	\$100.00)
Date water analysis report received by Bo	ard of Health		
Date release was given to owner of record	and Building Ins	spector	